



WAYS AND MEANS

Combatting Opioid Abuse for Care in Hospitals (COACH) Act of 2018 H.R. 5774

Background: The Combatting Opioid Abuse for Care in Hospitals (COACH) Act of 2018 focuses on preventing opioid overuse by improving education for providers and beneficiaries. It realigns incentives to expand evidence-based, high-quality health care that reduces reliance on opioids for pain management. The following bills have been included in this package:

- **Section 2: H.R. 5699, Hospital Opioid Solutions Toolkit (HOST) Act, Introduced by Rep. Carlos Curbelo (R-FL) and Rep. Ann McLane Kuster (D-NH)**
- **Section 3: H.R. 5779, Promoting Quality of Care in Pain Management Act, Introduced by Rep. Erik Paulsen (R-MN) and Rep. Danny Davis (D-IL)**
- **Section 4: H.R. 5718, Perioperative Reduction of Opioids (PRO) Act, Introduced by Rep. Jason Smith (R-MO) and Rep. Brian Higgins (D-NY)**
- **Section 5: H.R. 5777, Centralized Opioid Guidance (COG) Act of 2018, Introduced by Rep. Vern Buchanan (R-FL) and Rep. Conor Lamb (D-PA)**

Section 2: Developing Guidance on Pain Management and Opioid Use Disorder Prevention for Hospitals Receiving Payment under Part A of the Medicare Program

Background: While there is some guidance available through the Department of Health and Human Services (HHS) and other entities aimed at helping health care providers reduce the prevalence of opioid use disorders, it is incomplete. Currently, there is no guidance that addresses all of the following: 1) screening for opioid use disorder; 2) provider and beneficiary education regarding opioid risks and non-opioid pain management alternatives; and 3) best practices for tracking trends in opioid prescribing. In particular, the Centers for Medicare & Medicaid Services (CMS) has not made available such guidance for Medicare beneficiaries in a hospital setting.

Summary: CMS is required to develop a toolkit that provides best practices to hospitals for reducing opioid use. This toolkit is to include a template notice of opioid risks for patients who

are prescribed opioids in a hospital setting. This guidance will be developed in consultation with relevant stakeholders, and it will be published and posted on the CMS website by January 1, 2019.

Section 3: Requiring the Review of Quality Measures Relating to Opioids and Opioid Use Disorder Treatments Furnished Under the Medicare Program and Other Federal Health Care Programs

Background: Medicare reimbursement to providers participating in Medicare value-based payment programs, including accountable care organizations, is partially based on quality ratings. To date, there are no performance measures used in Medicare value-based payments directly related to reducing opioid use and abuse.

Summary: HHS is required to convene a Technical Expert Panel (TEP) within 180 days of enactment to: 1) review quality measures related to opioids and opioid use disorders and identify gaps in such measures; 2) prioritize such measures for development in gap areas; 3) make recommendations for adopting such measures under the Merit-Based Incentive Payment System (MIPS), alternative payment models (APMs), shared savings programs, hospital inpatient quality reporting, and value-based purchasing programs (e.g. hospital value-based purchasing); and 4) require, as practicable, the creation of a fast-track endorsement process for such measures by the National Quality Forum (NQF). Within one year of the TEP's establishment, it will report the quality measures (and gaps), including those related to care, prevention, diagnosis, health outcomes, and treatment furnished to individuals with opioid use disorders.

Section 4: Technical Expert Panel on Reducing Surgical Setting Opioid Use; Data Collection on Perioperative Opioid Use

Background: More than 80 percent of Americans who undergo even low-risk inpatient surgery receive opioids, and the majority of those patients have opioids that go unused after surgery. Ensuring appropriate use of opioids post-surgery, specific to patients' conditions and needs, is critical. Additional HHS and stakeholder efforts can inform the policies and practice by which beneficiaries receive care.

Summary: HHS is required to convene a TEP to make recommendations on best practices for pain management and reducing opioid use within the surgical settings; the TEP will also analyze post-surgical opioid prescribing. HHS must report to Congress based on the TEP's work, while also describing the available data as well as barriers to data collection. The TEP will be created within six months of enactment, and HHS will publish the recommendations under the report (or reports) to Congress within one year of enactment.

Section 5: Requiring the Posting of Periodic Update of Opioid Prescribing Guidance for Medicare Beneficiaries

Background: While a number of federal guidelines related to opioid prescribing best practices have been published in recent years, the guidance has not been published in one location that is easily accessible to Medicare beneficiaries and providers.

Summary: Within 180 days of enactment, the Secretary shall publish all opioid prescribing guidance published after January 1, 2016, applicable to Medicare beneficiaries on the CMS website. CMS is required to periodically update the posted guidance in consultation with medical professional organizations, providers and suppliers of services (which includes hospitals), health care consumers (including patient advocacy organizations), and other stakeholder organizations the Secretary identifies.